PTO/SB/21 (07-06)

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Application Number

	Application Number	10/575,997	7								
TRANSMITTAL	Filing Date	04/17/2006	04/17/2006								
FORM	First Named Inventor	Richard Schuster									
	Art Unit	3782									
(to be used for all correspondence after initial filing)	Examiner Name	Elkins, Gai	γ E.								
Total Number of Pages in This Submission 17	Attorney Docket Number	R029 1410.3									
ENCLOSURES (Check all that apply)											
Fee Transmittal Form Fee Attached	Drawing(s) Licensing-related Papers		After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences								
Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Conarks	Address Der	Status Letter Other Enclosure(s) (ple below): Declaration for Patent Applica								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT											
Womble Carlyle Sand	ridge & Rice, PLLC										
Signature (at Onemals)											
Printed name Keats A. Quinary											
Date 12/11/07		Reg. No. 46,426									
CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being efs-web transmitted to the USPTO or deposited with the United States Postal Service with											
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Signature Change	lest										
Typed or printed name Cheryl West		Date	12-11-07								

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PTO/SB/17 (10-07)
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				espond to a collection of information unless it displays a valid OMB control number							
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known								
			Application Nun	nber	10/575,997						
FEE TRANSMITTAL For FY 2008			Filing Date		04/17/2006						
			First Named Inv	entor/	Richard Schuster						
			Examiner Name	e	Elkins, Gary E.						
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		3782						
TOTAL AMOUNT OF PAYMENT (\$) 650.00			Attorney Docke	t No.	R029 1410.3						
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: <u>09-0528</u> Deposit Account Name: <u>Womble Carlyle Sandridge & Rice</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any a under 37 CFF	dditional∶ ≀1 16 and	fee(s) or underpayme f 1.17	ents of fe	e(s) Credit	t any ov	erpayments					
WARNING: Information on this information and authorization	form may	become public. Cred	it card in	formation should n	ot be inc	luded on this form	n. Provide credit card				
FEE CALCULATION	on P10-20	J30.									
		D EVALUATION	FFFO								
1. BASIC FILING, SEAF		DEXAMINATION G FEES		CH FEES	FXAI	MINATION FEE	FS				
Analisation Tons		Small Entity		Small Entity		Small Entity	. Y				
Application Type	Fee (\$		Fee (\$		Fee		Fees Paid (\$)				
Utility	310	155	510	255	210						
Design	210	105	100	50	130						
Plant	210	105	310	155	160	0 80					
Reissue	310	155	510	255	620	310					
Provisional	210	105	0	0	(0 0					
2. EXCESS CLAIM FEE	S					Fee (\$)	Small Entity				
Fee Description Each claim over 20 (i	neluding	Reissues)				50	Pi <u>Fee (\$)</u> 25				
Each independent cla			ues)			210	105				
Multiple dependent c		- (,			370	185				
Total Claims	Extra Cl	aims Fee (\$)	Fee	Paid (\$)		Multiple	e Dependent Claims				
20 or HP =	8	x <u>50</u>	_=	400		<u>Fee (\$</u>	<u>Fee Paid (\$)</u>				
HP = highest number of total Indep. Claims	Extra Cl			Paid (\$)							
33 or HP =	0	x	_=								
HP = highest number of independent claims paid for, if greater than 3.											
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 Cl	FR 1.52(e)), the application	ı size fe	e due is \$260 (\$	5130 fo		for each additional 50				
sheets or fraction th	ereof. S Extra S					an though	For (6) For Boid (6)				
100 =	LAGA S	/ 50 =	ei Oi eac	h additional 50 o (round up to a v			Fee (\$)				
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)											
Other (e.g., late filing surcharge): one month extension fee (\$120); terminal disclaimer fee (\$130) \$250.00											
SUBMITTED BY	- / \	-14	Т	Registration No.	11	e / I+-1					
Signature	\mathcal{L}	muly		(Attorney/Agent)	46,4	^L 6 lelep	phone 404-879-242				
Name (Print/Type) /C64+s	Quin	12 HW			•	Date					

This collection of information is required by 37 CFP. 136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.